

IMMUNIZATION RELIGIOUS EXEMPTION FORM (IMM-2)

This form contains the parent or guardian's signature and date indicating that the following has been provided and is understood:

- Information regarding vaccines
- Information regarding the lack of vaccination
- Risk of susceptibility to disease(s) for which vaccination offers protection
- Risk of possible exclusion from school, group facilities or other programs in the event of an outbreak occurs or as advised by the public health authority

The parent or guardian identifies the exempted vaccines by checking the appropriate box and stating the "Reason" for exclusion.

The form must be signed and dated by the physician, APRN, PA, Pharmacist, LHD Administrator, or Registered Nurse Designee of the physician or LHD Administrator.